

BLUFF CHRISTIAN ACADEMY

NPO 057395



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Bluff, 4036
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Bluff
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CONFIDENTIAL SCHOOL QUESTIONNAIRE

LEARNER'S SURNAME: _____

LEARNER'S FIRST NAME: _____

Date of Birth: _____ Grade _____ Year 20.....

What is the reason for the child leaving your school?

Parent Request Excluded/Expelled School's request Relocation Don't offer Grade

ACADEMICS:

	Excellent	Good	Average	Below Average
English				
Afrikaans				
Mathematics				

COMMENT:

ATTITUDE TOWARDS WORK / STAFF / PEERS:

SPORT/ EXTRA CURRICULAR ACTIVITIES:

PARENTAL INVOLVEMENT:

SCHOOL FEES:

Years at the School: _____

Current Year: _____

Annual Fees: _____

Fees paid to date: _____

Fees outstanding: _____

Concession Applied for: Yes / No

Concession Granted: Yes / No

FEES HISTORY:

Previous Year Annual Fees: R _____

Fees paid that year: R _____

Outstanding Fees: R _____

This block has to be completed

SCHOOL STAMP

SIGNATURE OF PRINCIPAL / BURSAR

Please fax to 0866021887 / 086 6617267